

REPORT OF THE
Payne Whitney Psychiatric Clinic
OF
THE SOCIETY OF THE NEW YORK HOSPITAL
1960



DEPARTMENT OF PSYCHIATRY OF
THE NEW YORK HOSPITAL AND
CORNELL UNIVERSITY MEDICAL COLLEGE

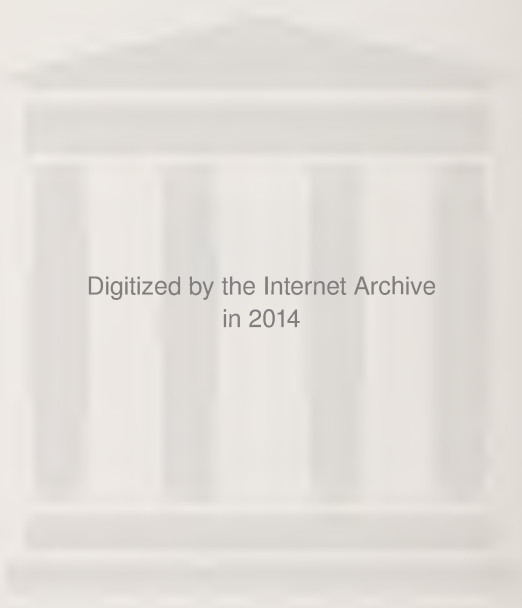
THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
525 EAST SIXTY-EIGHTH STREET, NEW YORK 21, N.Y.

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(The above doctors served during all or part of 1960.)

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(The above doctors served during all or part of 1960.)

*Deceased October 8, 1960.

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MARJORIE A. NEBESKY, R.N., B.S.N.

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NATHANIEL WARNER, *Assistant Professor of Clinical Psychiatry*

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STEPHEN GOODYEAR	MAURICE PACHTER	

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MILDRED HULL, *Instructor in Psychiatric Nursing*
MARJORIE A. NEBESKY, *Instructor in Psychiatric Nursing*
RUBY ROGERS, *Instructor in Psychiatric Nursing*

ANNUAL REPORT

DEPARTMENT OF PSYCHIATRY

To the Board of Governors of
The Society of The New York Hospital

GENTLEMEN:

I have the honor of presenting herewith the report of the Department of Psychiatry in New York for the year ending December 31, 1960.

CHANGES IN PSYCHIATRIC HOSPITALS

The study and treatment of patients with psychiatric disorders occurs in ambulatory practice, in the pavilions of the general hospitals, in psychiatric units attached to them and in separated psychiatric hospitals. The latter will always be important and create a demand for a large number of beds for patients who need long term or permanent treatment. However, the nature of the disorders treated in these hospitals will change according to medical progress and the attitude of society.

To many problems no fundamental answer can be found. For instance, the size of the hospital and the type of construction have, during the last 150 years, moved from relatively small hospitals up to several hundred beds and have reached the preferred size of two to ten thousand. The present trend is to smaller hospitals of from five hundred to fifteen hundred patients with the superintendent remaining essentially a clinician who can be in active charge of all the medical affairs or even know most of the patients well enough to be a guiding factor in their treatment. The attempt to have a non-medical administrator in charge has never proven successful. On the other hand, it seems hardly justified, considering the constantly increasing and urgent need for more physicians, to have psychiatrists devote their full time to the administrative functions which a large hospital demands. Another unanswered question is the problem of centralization versus decentralization of patients, including whether one large building would be preferable to smaller, separate buildings within

close or farther distances. The arguments for either proposal of the psychiatrists of 1830 can be presented today. Although therapeutic activity and optimism will prevail in the future, no doubt changing with transient periods of uncertainty and retardation, a large number of patients with marked behavior disorders and progressive physical incapacitation will need care. An interesting example is offered by the Franklin Delano Roosevelt Veterans Hospital at Montrose, New York. Since its opening in 1950 the undersigned and members of the Cornell University Medical College faculty, forming the Dean's Committee, have participated in the formulation of the hospital's policy. The 150 bed unit for tubercular patients has been reduced to 75 although the large area from which patients are drawn has been doubled. Therapeutic activities and encouragement of fewer restrictions have resulted in a life approaching normality. The number of discharges of schizophrenic patients has increased greatly but has also emphasized that many patients need to stay in a hospital which offers them an asylum from a society which is too difficult for them. It also has become obvious that the progress of aging in a longer life span brings forth new complications in these schizophrenic patients which will prevent their leaving the hospital or force re-admissions. Additional patients will enter hospitals because of cerebral arterioschlerotic and allied psychoses. The psychiatric hospital of the future which will be best fitted for the geriatric problems in psychiatry has not been planned as yet. It is equally unclear what psychiatric hospitals of the future will offer, and in what form, to alcoholics, to drug addicts, to the socially maladjusted, to the sexual deviates, to delinquents and criminals, to the mentally retarded, to adolescents and to children. Much thought is given to these problems and interesting experimentation has been undertaken in this country and especially abroad.

These expected changes will force psychiatrists and public health officers to study the place of the psychiatrist, of the internist and of the general practitioner in psychiatric hospitals. It is already obvious that the aging and physically ill schizophrenic patients are best treated by a general practitioner with special

psychiatric knowledge, with the psychiatrist organizing the therapeutic activities of the hospital and an internist acting as consultants.

The role of the nursing staff and auxiliary groups will change. While the nurse will, in some ways, increase in importance, other personnel in the nursing service will have to be trained for new roles which previously have been filled by nurses. For geriatric psychiatric patients, nurses and aides well trained in bedside care will be needed with the psychiatrically-trained nurse acting as supervisor. In other parts of a psychiatric hospital the psychiatrically-trained nurse will be in direct charge of the patients with assistants in psychology and psychopathology and aides helping her.

Psychologists, in addition to carrying out tests indicated for treatment, may be assigned in increasing numbers to assist in the treatment of groups of patients. The social psychologist may become important in finding the desirable sizes of groups of patients with different psychopathology and behavior disorders, and in the development of psychotherapy for the groups.

These foregoing aspects have found attention in many psychiatric centers. In the Payne Whitney Psychiatric Clinic the training of special assistants in psychopathology, experimentation with desirable sizes of groups of patients and components of patients of both sexes and different ages, the changing role of nurses, psychologists and recreational and occupational therapists and social workers have been studied intensively in recent years. At the Montrose Veterans Hospital attention has been focused on the functions of the clinical psychologist in the field of testing and as a ward psychologist, of the social psychologist in the study of group formations and of the vocational psychologist in finding suitable work for the patient in the many opportunities of a large hospital and on the outside. A group of general practitioners are, with proper postgraduate psychiatric education, taking over the treatment of an increasingly large number of suitable patients.

These problems of the future will force the medical profession and the government to consider the extent to which psychiatric hospitals can remain separate from other hospitals and be guided

by special laws and whether the State Departments of Mental Hygiene should not become part of the State Department of Health. New legal formulations will have to be found for changing psychiatric problems in a changing society.

1. *IN-PATIENT SERVICE*

There are many advantages in having the same psychiatrist treat a patient during his entire stay in the hospital. However, as the patient will be assigned to different groups of patients and varying living requirements during this period, it is important that he receive constant help in adjustment to other members of the group and to the environment. In order to combine individual and group treatment, each assistant resident, in addition to the treatment of the patients assigned to him, is in charge of the whole group of about twenty patients on a given floor. This system has been developed during the last five years and is now functioning most satisfactorily. In group meetings, also attended by the charge nurse, problems of general interest and difficulty in understanding or accepting the routine are discussed freely. At other times, the sessions become group psychotherapy. Another important point is the close contact of the physician with the nurses, especially the head nurse. The physician checks on the physical findings and treatment of all the patients on his floor. He becomes an advisor to the Resident Psychiatrist in sudden necessary transferral of patients in order to make possible the admission of new patients. He advises the other psychiatrists with regard to problems which have arisen on the floor and to the desirability or undesirability of close relationships between patients.

On the floor for patients with disturbed behavior the assistant resident in charge carries additional responsibilities. His knowledge of the psychodynamic factors of the individual patients will permit him to achieve a group unit and to prevent intense frictions and ill-controlled behavior. The understanding of the personalities of the nurses and their effect on individual patients and on the group is important.

After a careful study of the nursing activities on the various floors by the Director of Nursing, Miss Eleanor J. Muhs, it became desirable to appoint floor clerks who freed the nurses for other

activities. These floor clerks function differently from those in a general hospital. Another new development in the nursing service is the employment of psychopathology technicians. They have majored in psychology in college and have taken practical courses in psychopathology in the Payne Whitney Clinic. This education permits them to make adequate psychopathological observations and record them correctly. They also have been taught how to become part of the patient group and help individuals in their activities and adjustment to others. Their aid will increasingly help to free the nurses for more specific nursing duties. This system will lead to a different definition and orientation of psychiatric nursing. The persistent effort to foster progress in education and practice in the field of graduate psychiatric nursing has been stressed for several years and is beginning to bear fruit.

The Occupational Therapy Department has offered opportunities to select a wide variety of activities which were suitable for the patient's interest and psychopathological condition.

The activities offered in the Recreational Therapy Department have been used to a great extent, both in physical and social recreation. The adolescent patients demanded extra time for activities to obtain sufficient physical and emotional outlets. This special recreational program for the adolescent patients who formed a group of seven to fourteen proved to be a valuable aid to their emotional adjustment.

Physical illnesses and physical complications have played an important role in a considerable number of patients. Such conditions may demand a great deal of attention from the resident and nursing staffs. In the study and treatment of these patients, guidance and help has been given freely by the consultants in various specialties and from the research staff of the Payne Whitney Clinic.

The members of the Nutrition Department have given valuable direction in the planning of meals. Their cooperation was essential for the functioning of the metabolism unit. The seven patients who are studied intensively are selected carefully. They may benefit from the metabolic investigations as the role of endocrine factors or the significance of alcohol dependence, especially amnesia due

to alcohol becomes clear. In others, investigations may give us some understanding of whether, and at what phase of the illness, electric convulsive treatment or imipramine may become effective.

During this past year, drugs have been administered freely but their use has always been based on the psychopathological considerations of the individual patients.

Phenothiazines have been found useful adjuncts in many forms of psychiatric disorders. Electric convulsive treatment has held an important place in depressions and certain types of excitements. Insulin treatment gave good results in selected schizophrenic treatment. Prolonged sleep treatment, by the use of barbiturates and chlorpormazine, may prove helpful in otherwise intractable excitements. Relaxation resulting from the use of prolonged bath may be appreciated by restless and anxious patients. Some of the drugs which have been found helpful in ambulatory practice, especially in the treatment of depressive and anxiety states, may be less satisfactory in the in-patient service because the psychopathological conditions are more severe. In milder conditions these drugs are unnecessary in a hospital setting where the well organized routine with balanced occupation and recreation, active socialization and psychotherapy, decrease these psychopathological manifestations.

The study and treatment of in-patients was the responsibility of Drs. Oskar Diethelm, Richard N. Kohl, Alexander H. Leighton and William H. Wainwright, and the resident staff. Psychiatrists trained in child and adolescent psychiatry assumed active participation in the supervision of patients in these age groups.

A total of 279 patients were admitted with a daily average of 85 patients in the clinic, and a total number of 368 patients treated. The total number of patient days was 31,158. The total number of women patients treated was 215; the total number of men 153.

The largest number of patients came from the New York City area, 184; 14 came from other parts of New York State, and 81 came from states other than New York. Eight patients were transferred from other in-patient services of The New York Hospital.

As in previous years, the majority of the patients fell within the age group of 20-44, 139; 80 were between the ages of 45 and 59; 27 were 60 and over; and 33 were under 20 years of age.

Of the patients discharged, 192 recovered or were considerably improved; 83 patients showed little or no improvement. This group includes patients who came for diagnostic evaluations, or who left within a few days, as well as patients who did not respond well to treatment. Two patients died. Three patients were transferred to the Westchester Division of The New York Hospital, and 22 were referred to other private or state hospitals. Five patients were transferred to the surgical and medical divisions of The New York Hospital, and 237 visits were made to the general hospital for special diagnostic studies and for various types of somatic treatment, including surgical procedures. This number includes all treatments in Physical Medicine.

In addition to the routine examinations of the internal medical aspects, there were 889 supplementary examinations and treatments by various specialists. This number includes routine ear, nose and throat (509), eye (280), and gynecological examinations (100); x-ray (450); electrocardiographic (102), and electroencephalographic studies (508). In addition, 316 consultations for special problems were necessary. The Dental Department examined 236 patients, many of whom received several dental prophylactic applications or required dental treatment. The general chemical and clinical pathologic work on all patients in the Clinic has continued at a high level of technical performance. It is a great advantage that these laboratories are integrated in the research laboratory unit. For unusual problems, the advice of experts and special equipment become readily available.

The type of disorders treated during the past few years has changed little. About the usual number of psychoneurotic patients (45) were admitted, and fifteen patients were treated for essentially psychopathic difficulties. The interest in the study and treatment of chronic alcoholic patients has continued to be of considerable importance, and twenty alcoholic patients, as well as five patients suffering from dependence on narcotic drugs, were admitted.

Psychologists gave 660 tests to 135 patients for diagnostic evaluation and for educational and vocational planning.

MOVEMENT OF POPULATION SINCE OPENING OF CLINIC

<i>Year</i>	<i>Admissions</i>	<i>Treated During Year</i>	<i>Discharged</i>	<i>Died</i>	<i>Patient Days</i>
1932.....	67	67	27	1	
1933.....	188	230	166	1	19,151
1934.....	184	248	185	3	22,436
1935.....	235	298	228	6	22,137
1936.....	283	353	277	6	22,707
1937.....	266	342	284	2	23,026
1938.....	267	325	249	3	23,738
1939.....	216	292	213	3	25,575
1940.....	267	346	268	4	24,912
1941.....	264	342	272	1	24,509
1942.....	226	296	221	1	26,598
1943.....	203	278	201	1	25,994
1944.....	240	317	238	0	27,017
1945.....	215	294	214	1	25,577
1946.....	234	314	237	2	27,424
1947.....	239	315	228	1	28,931
1948.....	207	295	208	2	30,866
1949.....	227	314	217	0	30,725
1950.....	223	320	227	1	29,772
1951.....	207	300	216	1	28,269
1952.....	239	320	226	0	29,483
1953.....	213	309	217	3	30,759
1954.....	216	308	213	4	31,547
1955.....	196	287	199	2	30,693
1956.....	243	329	231	2	31,453
1957.....	218	313	235	1	30,500
1958.....	228	312	221	1	31,285
1959.....	206	296	205	0	29,360
1960.....	279	368	275	2	31,158

2. OUT-PATIENT DEPARTMENT

The out-Patient Department, directed by Dr. Francis J. Hamilton, has maintained its policy of offering diagnostic and therapeutic service. In the process of establishing a diagnostic evaluation, the physician, through his interviewing the patient and searching for dynamic explanations, carries out a special type of psychotherapy which may lay the basis for security in the patient and for future psychotherapy if indicated. This attitude is cultivated by the staff members and taught to the medical students.

Treatment is guided by the essential psychopathological findings and adjusted to psychopathological changes during the progress of therapy. Goals of treatment are formulated after the initial study has been finished and modified when indicated. In the teach-

ing and practice of psychiatric treatment, facts need to be carefully observed and well described and dynamically investigated, considering psychological, physical, environmental and cultural factors.

In the ambulatory treatment at the Payne Whitney Clinic, brief psychotherapeutic interviews as well as full sessions of 45 to 60 minutes may be used and the course of therapy may extend from a few sessions to a prolonged period of a year or longer. The essential features may consist of advice, of guidance or support for dealing with difficulties which may arise, of intensive dynamic analysis, of suggestion or hypnosis. The aid of social workers and psychologists may be valuable in some patients, and of little need in others. Tranquilizing drugs and sedatives are used sparingly but are indicated in some psychopathological states. Electric convulsive therapy is rarely needed and, if so, is carried out by the assistant residents and nurses who are assigned to this treatment in the in-patient service.

The out-patient staff consists of experienced clinicians in private practice who donate their time to the treatment of patients and the teaching of medical students and assistant residents, of members of the resident staff of the Payne Whitney Psychiatric Clinic and the Franklin Delano Roosevelt Veterans Hospital and of fellows.

The type of patients has changed during the past several years. Fewer patients are referred from The New York Hospital because a considerable number receive psychiatric help in the Medical Out-Patient Department. More patients are referred from physicians in the community and through former patients. A large number are composed of people who work in various capacities in The New York Hospital-Cornell Medical Center. The educational level of the patients has increased considerably and most are well employed. The unemployables are chronic schizophrenic patients and some are chronic psychoneurotic and senile patients.

Through reorganization of the therapeutic facilities, by the judicious use of drugs in conjunction with brief psychotherapeutic interviews and support by the social worker, it has become possible to offer a type of efficient treatment suitable to the patient's

needs and to free the psychiatrist's time for intensive therapy of the acutely ill.

The Department of Child Psychiatry has continued its work along the lines which were outlined in last year's report. In addition, the Department now accepts children who are frequently rejected by other out-patient services, in particular those with apparently "unworkable" family settings or severe behavior problems. Some of these children who seemed to be most difficult by traditional child psychiatry standards gave relatively good therapeutic results. In general, a high prevalence of behavior disorders, as opposed to the so-called classical neuroses of childhood, has been noted. In Dr. Albert C. Sherwin's opinion, it would appear from the study of our cases and of those from many other clinics, that seldom do cultural factors come into treatment in a direct way. This is especially true of casework. The worker seems to be afraid to enter the domain of her patient's values, and focuses almost exclusively upon family interdynamis or to some measure upon classical material of an analytic nature. If one could understand cultural dynamics better through research studies, one might be able to demonstrate how this knowledge could be applied clinically. New approaches are needed if we are to be more successful with our most prevalent clinical problems.

The adolescent program has furthered its diagnostic and therapeutic activities, in close collaboration with schools and social agencies.

In the following presentation of statistical data, it should be noted that they do not include all the activities which have been discussed. Psychiatric treatment was given to 1,021 patients in 11,486 visits in the psychiatric and other out-patient departments of The New York Hospital. This group included 642 adult patients and 250 children examined or treated in the Payne Whitney Out-Patient Department, and 18 patients in the Gynecological Out-Patient Department, 74 in the Pediatric Out-Patient Department and 37 in the Employees' Health Service. Of the 892 patients treated in the Payne Whitney Out-Patient Department, 470 were new admissions, 268 adults and 80 children having been carried in treatment from the previous year. The remainder of the

patients were seen in consultation; in some, admission for treatment was not necessary as constructive advice was possible; for others, psychiatric treatment was found in the out-patient departments of hospitals in their own districts. A considerable number of new patients treated was referred from the general hospital, 175 or 37 per cent; physicians in private practice sent 103 or 22 per cent of the total number; medical organizations, social agencies, schools and friends referred 192 or 41 per cent.

Psychological tests were done on both children and adults. In the children's group 218 tests were given to 92 patients, and in the adult group 151 tests were given to 66 patients.

3. SOCIAL SERVICE DEPARTMENT

The main activities of the Social Service Department, under the direction of Mrs. Helen N. Siegrist, were in helping the patient in his adjustment to the family and to the community. The social worker is in close relationship to the psychiatrist who is in charge of the case. She may be needed in the direct treatment of an out- or in-patient or her main contribution may be in her relationship to relatives. The latter point is well illustrated by the social worker's explanation and interpretation of the troublesome behavior of an adolescent in the in-patient service.

In the out-patient service the social worker is of importance in the diagnostic evaluation and the planning and execution of the selected therapeutic program. In the case of chronic schizophrenic patients who, with the use of drugs, are able to stay outside of a psychiatric hospital, the social worker will remain in close contact with the patient or his family, and thus keeps the psychiatrist informed of serious difficulties in adjustment to the world outside the hospital. The social worker will study the twenty-four hour family situation and apprise the psychiatrist if the patient's behavior becomes intolerable and may affect the emotional and physical health of members of the family. These points need to be stressed in a period of psychiatry which evaluates therapeutic effectiveness by discharge of the patient from the psychiatric hospital and keeping him a member of the community.

Following is a statistical report of the Department's activities during the year 1960. A total number of 660 patients received aid,

including 152 adults and 193 adolescents, and 260 children in the Payne Whitney Out-Patient Department, and 55 adults and adolescents in the in-patient service. The amount of work done is illustrated by the fact that 12,063 interviews were necessary. This number includes 5,711 interviews with patients, 1,994 with relatives, 57 conferences with agencies, 4,130 with physicians, and 171 with medical students. A total of 409 agencies were used in 1,041 contacts and 16 visits were paid to patients in their homes. There were 4,063 telephone conferences. The in-patient service referred 55 patients, necessitating 224 interviews with patients and psychiatrists.

4. PSYCHIATRIC SERVICE TO THE GENERAL HOSPITAL

The consultation and therapeutic service to the in-patient service of The New York Hospital has been under the supervision of Dr. William H. Wainwright. As in previous years the consultation service is rendered by the third year assistant resident of the Department of Psychiatry, and consists of diagnostic interviews with the patient and frequently with relatives as well, brief psychotherapy, and advice to the physicians and nurses in charge of the patient. Each problem is reviewed with the supervising attending psychiatrist. General aspects of psychiatric problems in a general hospital are discussed in seminars.

Transient psychiatric disorders of brief duration occur relatively frequently following open heart surgery. The psychiatric aspects of these conditions are under investigation by the psychiatric staff in conjunction with members of the surgical team.

During this year, 523 patients were studied in 874 visits. This figure includes 351 revisits which were spent in treatment. In the Department of Medicine (including Neurology), 213 patients were seen and revisited 196 times for a total of 409 visits. In the Department of Surgery, 78 patients were seen and revisited 79 times for a total of 157 visits. In the Department of Obstetrics and Gynecology, 40 patients were seen and revisited 17 times for a total of 57 visits. In the Department of Pediatrics, 31 patients were seen. In the Hospital for Special Surgery, 17 patients were seen and revisited 28 times for a total of 45 visits. In the Memorial,

Ewing, and Rockefeller Hospitals, which were covered during the vacation period of their regular psychiatrists, 24 patients were seen. In the Emergency Pavilion, 148 patients were examined. Psychologists administered 47 tests to examine 11 patients referred from the general hospital.

5. EDUCATIONAL AND INVESTIGATIVE ACTIVITIES

Education The undergraduate teaching program of Cornell University Medical College has continued along the lines which were outlined in last year's report. A point which should be mentioned in the fourth year course is the teaching of the judicious use of social service. The student must understand how the social worker relates with the patient or the family, and gain a knowledge of the community agencies and social resources for the benefit of the patient. However, the social worker's main contribution is probably her presenting of facts which force the student-physician to practice a psychotherapy in his interviews with the patient which considers social and economic as well as psychological factors.

In the graduate (residency) program, the supervision of assigned floors in the Payne Whitney Clinic offers the third-year resident an opportunity to gain experience in the study and treatment of groups of patients.

Participation in research programs has permitted selected medical students to become acquainted with psychiatric methodology. Second and third year assistant residents have carried out independent investigations, supervised by senior members of the staff.

In the undergraduate teaching of psychiatry in the Cornell University-New York Hospital School of Nursing, supervised clinical experience has been offered on all the floors of the in-patient service. Instructors of the nursing and medical staff conducted didactic lectures and seminars. The in-patient program for graduate nurses has been developed further. The fellowship from the Richard and Dorothy Rodgers Fund (Rockmeadow Foundation), permitting graduate nurses to work toward their master's degree, are an important encouragement to acquire additional education. It is the obligation of a psychiatric teaching center to develop clinical teachers in the field of nursing who can fill teach-

ing positions elsewhere and assume directorships of nursing in the large psychiatric institutions.

The program for the education and training of clinical assistants in psychopathology, carried out jointly with the Department of Psychology of Barnard College, was further developed.

As in past years, the Occupational Therapy and the Social Service Departments have offered training in their respective fields to students from several colleges. In the Nutrition Department, dietetic interns from The New York Hospital have an opportunity to become acquainted with the administration of a small hospital dietary service.

*Psychopathology
and Related
Clinical
Investigation* Progress has been made in the understanding of the psychopathology of chronic alcoholism by means of combining the intravenous administration of alcohol with a prolonged psychotherapeutic interview. Dynamic factors, otherwise hidden from the physician and not recognized by the patient, become obvious in the patient's behavior, verbal expressions and emotional display. The investigators, Drs. Rosalie M. Barr and Oskar Diethelm, are also studying the significance of brief episodes of amnesia ("blackouts") which may occur following alcoholic intoxication.

Dr. Frederic F. Flach and members of the nursing staff have continued their study of patients' behavior. In order to strengthen the value of behavioral observations carried out by the psychiatric nursing staff, the reliability of each item contained on the social behavior graph has been established in two separate studies. These data will permit the elimination of inadequate items and improve the interpretation of the reliable ones.

Dr. Richard N. Kohl was interested in the emotional relationship between patients and their marital partners during the period of illness to recovery. Dr. William H. Wainwright expanded his studies of families of schizophrenic patients by including the effect of the illness on the parents and on siblings.

Among clinical studies, should be mentioned investigations in apathetic schizophrenic patients, in excitements characterized by sexual excitement and resentment and in depressions accompanied by resentment.

Experimental psychopathological studies attempted to clarify thinking disorders which occur in the presence of anxiety, and the estimation of passing of time by patients in states of apathy or emotional disturbances.

In their study of the type and meaning of psychopathological findings in adolescence, Drs. James F. Masterson and Kenneth F. Tucker are trying to establish their relationship to psychopathological disorders in adults, the meaning of the adolescent personality organization and the process of maturing. In his psychopathological study of children, Dr. Albert C. Sherwin's interest in the natural history of infantile autism and childhood psychoses has continued.

Psychology Among the interesting results of research on thinking impairment, by Dr. Charles A. Knehr, was the finding that abstract intellectual ability appears to be spared longest of any psychological functions tested in patients suffering from multiple sclerosis. In a study of schizophrenics, the basic cognitive functions measured showed no significant impairment related to matched controls, a finding compatible with the concept, but not demonstrating, that non-chronic schizophrenic reactions represent functional disorders.

Current studies by Dr. Livingston Welch and his co-workers involves the investigation of the patterns and rate of adaptation of psychogalvanic reflexes to a neutral stimulus. It has been noted that adaptation does not follow a smooth course; subjects may not respond to the stimulus for some trials but continued testing reveals a reappearance of strong responses. As an additional measure, the use of the eyelid response (eye blink) is being developed.

Additional research work in the fantasy productions of children with muscular dystrophy has been completed.

*Internal
Medical and
Pharmacological
Laboratory
Division* Under the direction of Dr. Craig D. Burrell and Dr. Frederic F. Flach, research work in the metabolic aspects of psychiatric disorders has been continued. After each patient has been placed on standard diets, estimations were performed on 24 hour urine samples for creatinin, phosphorus, calcium and nitrogen. The results of the studies in various psychopathologic states as well as

under the influence of various forms of therapy, both physical and chemical, are being collected and evaluated. Experiments carried out on patients recovering from depressive states during electric convulsive therapy have confirmed our previous observations that the alleviation of depression is associated with a decrease in urinary calcium. To clarify this phenomenon, calcium metabolism in patients receiving an anti-depressant, imipramine, is being studied. In collaboration with Dr. Rulon W. Rawson of the Sloan-Kettering Institute for Cancer Research, studies to explore the responsiveness of schizophrenic patients to the administration of thyroid analogues, are continued.

As Dr. Burrell has utilized a method which permits the measurement of cortisol in a small sample of blood, it has become possible to start an investigation of steroid changes related to varying psychopathological behavior. These studies are carried out on patients on the disturbed floor as well as on the Metabolism Unit. Whenever possible, urinary cortisol studies are also performed and urinary 17-ketosteroid and 17-ketogenic steroid assays are presently being added, while in the new year it is hoped to enter the steroid chromatography field. This work receives liberal support from the Fleischman Fund. Other steroid studies are done jointly with Drs. Thomas F. Gallagher and Leon D. Hellman of the Sloan-Kettering Institute and concern quantitative as well as qualitative chromatographic techniques.

The pharmacologic studies of Dr. Joseph F. Reilly are directed at variations of stimulatory polypeptides of the bradykinin type in hostile, fearful and sexually excited patients. Wider variation is found in these patients than in controls. In some disorganized adult schizophrenics and adolescent psychopathic personalities, unusually high amounts of bradykinin have been found.

Studies of the acetaldehyde and alcohol metabolism of chronic alcoholic patients have been continued by Dr. Peter E. Stokes. Data have been accumulated regarding the effect of elevated blood sugar alone or combined with administration of large doses of insulin on the rate of disappearance of alcohol from the blood. The first part of the year was devoted to the development of a modifica-

tion of existing methods for acetaldehyde determination in small amounts of blood.

*Neurological
Laboratory
Division* The Human Ecology Study Program, under the direction of Dr. Harold G. Wolff and Dr. Lawrence E. Hinkle, Jr., is concerned with the investigation of the way that man's interactions with his environment affects his health. It has been especially focused upon the influence of the social and interpersonal environment upon health, and the experimental investigation of the adaptive mechanisms that influence disease. Dr. Hinkle and staff members have investigated two homogeneous groups of young American men of different social class engaged in the same occupation in an effort to assess the effects of social class origin and upward social mobility upon health. They also have carried out a week-by-week study of all the symptoms and signs of illness that occurred in a group of young women, randomly selected from a larger group, all of whom shared the same occupation and environment. This revealed wide differences in the amount of symptomatic illness displayed by these women. The preliminary results suggest that individual differences in susceptibility to illness persist over fairly long periods of time and that their influence upon health is more widespread than had been supposed.

*Social
Psychiatry* Research in social psychiatry, directed by Dr. Alexander H. Leighton, has been active in relation to clinical and cross-cultural psychiatry. At the Payne Whitney Clinic attention was given to research concerning the epidemiology of adolescent and childhood disorders. In the study of the psychopathology of adolescence by Dr. James F. Masterson, efforts are also being made to assess social and cultural factors which contribute to adolescent problems. In the study of childhood symptoms, Dr. Albert C. Sherwin, Dr. Thomas S. Langner and Dr. Marie-Louise Schoelly have as immediate goals the specification of criteria for symptoms of psychiatric significance in children. The study includes a comparison of parental and community expectations of children in relation to symptoms. An important phase is to assess the feasibility of using questionnaires administered to mothers for determining impairment in the child.

In the comparative cross-cultural research work the aim is to study the effect of socio-cultural environment by identifying patterns of disorder which vary with social and cultural conditions and identifying patterns which remain constant from one population to another. Such a study has been done by identifying and counting symptoms of psychiatric significance in the total population of an Eskimo village. A survey of psychoneurotic and psychophysiological symptoms has been done in two sample populations in Mexico. A prevalence survey of psychiatric symptoms in a sample population has been finished in New York City and in rural eastern Canada. The planning stage for a similar study in Nigeria has been completed and the field work will start in January 1961.

Historical Division Research in the history of psychiatry has continued under the direction of Dr. Eric T. Carlson.

In the past year, many aspects of background research on European psychiatric history were completed, and research on the Development of American psychiatry was extended to the Civil War period. A special study dealt with concepts of insanity in the United States between 1789 and 1865. Other topics studied in this period were changing diagnostic categories, the work of outstanding individual psychiatrists in this country and in Europe, and psychiatric treatment as exemplified by hospital milieu, psychotherapy, and the physician-patient relationship.

In the historical library reference books have been acquired and organized under the topics of history of medicine, psychiatry, science and of philosophy and psychology. A long term project has been started to put together the theses which have been published in the field of psychiatry before 1800. An attempt is being made to locate such theses in American and European libraries.

The first issue, in mimeographed form, of *The History of the Behavioral Sciences Newsletter* appeared in July and will continue to appear semi-annually. This publication of the Payne Whitney Psychiatric Clinic attempts to offer a common meeting ground to those who are interested in the historical field of psychiatry. It will not contain original articles but will give information on research work carried out in various medical colleges, of pertinent publica-

tions in various journals and offer an opportunity for exchange of opinions.

*Addresses and
Publications*

Members of the staff participated in many scientific meetings and were active on scientific and educational committees. Space, however, will not permit the listing of all these activities. Papers were read by Drs. Eric T. Carlson and James F. Masterson before the American Psychiatric Association; by Dr. Lawrence E. Hinkle, Jr. before the American Psychosomatic Society; by Dr. Charles C. Hughes before the American Anthropological Association; by Dr. Thomas S. Langner before the American Sociological Association and before the American Association for the Advancement of Science; by Drs. Oskar Diethelm and Frederic F. Flach before the New York Society of Clinical Psychiatry; by Dr. Phyllis Greenacre before the New York Psychoanalytic Society; by Dr. Lawrence E. Hatterer before the Academy of Psychoanalysis; and by Drs. Rosalie M. Barr and Oskar Diethelm before the International Congress on Alcohol and Alcoholism. Dr. Alexander H. Leighton delivered the Benjamin Franklin Lecture at the University of Pennsylvania and the John Barkley Biddle Lecture at Jefferson Medical College.

A list of publications is appended to this report.

Library

During the year the Library has been increased by the addition of 833 single volumes, 86 bound periodicals, and 1 thesis, and now contains 6,438 single volumes, 3,286 bound periodicals and 114 theses of the 16th, 17th and 18th centuries. It was possible to add some rare volumes to the historical collection.

*Changes in the
Medical Staff*

Dr. Craig D. Burrell joined the staff to be in charge of steroid investigations and to direct the laboratory service. Dr. Peter E. Stokes assumed the responsibility of supervising all internal medical studies and treatment of in-patients.

After having finished her resident training, Dr. Anne M. Shuttleworth entered private practice in New Jersey.

Dr. J. Louise Despert retired from her hospital and university activities after having given the Department of Psychiatry many years of valuable service in research and clinical work in child psychiatry.

Dr. John F. Marchand, who had served as medical consultant, resigned when he accepted the position of Coordinator of Education of the Medical Service at the Harrison S. Martland Medical Center in Newark, New Jersey.

It is with great regret that I have to record the untimely death of Dr. Walter D. Woodward, a highly esteemed teacher and leader in industrial psychiatry.

Contributions The George F. Baker Trust has continued to support research in alcoholism and the Max C. Fleischmann Foundation of Nevada in steroid metabolism. Continued grants from the United States Public Health Service were given for the teaching program in the general hospital and for research in the history of psychiatry. The program in social psychiatry received continued support from the Corporation Trust Company, the Ford Foundation, the Grant Foundation and the Milbank Memorial Fund. The Beekman Family Association, Inc., renewed its contribution to the special educational program for the resident staff. Mr. Marshall Field, Jr. supported the teaching program for adolescents in the in-patient service and Mr. Robert Trubek supported research work in psychopathology.

It is with special gratitude that I wish to acknowledge the contributions which were received from former patients and from friends of the Clinic. These gifts made it possible to treat more patients who could not afford to pay the full rate and to pursue investigations in fundamental clinical problems.

Needs Contributions to the Payne Whitney Psychiatric Clinic are urgently needed in order to permit continued support of hospital expenses for needy patients and research activities. Modernization of various parts of the hospital and replacement of equipment are an increasingly heavy burden on the budget.

Acknowledgment I wish to express my appreciation to the entire personnel and to the members of the professional staff for service rendered and for their untiring efforts in meeting problems and difficulties. A large group of volunteers has been of great assistance in the nursing, recreational and occupational services and in the research departments.

The staff members of The New York Hospital and Cornell University Medical College have offered valuable cooperation in both the study and treatment of patients and in research. The administrative officers of The New York Hospital have given valuable advice and cooperation.

The members of the Payne Whitney Psychiatric Committee, through their deliberations and support, have contributed to the growth of the hospital and research activities.

Respectfully submitted,

OSKAR DIETHELM, M.D.

Psychiatrist-in-Chief

January 31, 1961

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GIFTS AND BEQUESTS

We suggest that any gift or bequest be made to "The Society of The New York Hospital for the use of the Payne Whitney Psychiatric Clinic."

The Psychiatrist-in-Chief will be glad to give you further information about particular needs, or you may feel free to discuss your plans with any one of the following members of the Payne Whitney Psychiatric Committee of The Society of The New York Hospital: Edward W. Bourne, George F. Baker, Jr., R. Palmer Baker, Jr., Francis Kernan, Walter A. Kernan, Jean Mauze, Laurence G. Payson, and Henry N. Pratt, M.D.

